

LA-UR-11-12015

Approved for public release; distribution is unlimited.

Title: Request for Expression of Interest 165561 – RFP CP-36 TA-48/55
Construction Site Laydown Area(s) For The Chemistry & Metallurgy
Research Replacement (CMRR) Project

Author(s): Bowers, Brian J.

Intended for: Electronic/World Wide Web



Disclaimer:

Los Alamos National Laboratory, an affirmative action/equal opportunity employer, is operated by the Los Alamos National Security, LLC for the National Nuclear Security Administration of the U.S. Department of Energy under contract DE-AC52-06NA25396. By acceptance of this article, the publisher recognizes that the U.S. Government retains nonexclusive, royalty-free license to publish or reproduce the published form of this contribution, or to allow others to do so, for U.S. Government purposes. Los Alamos National Laboratory requests that the publisher identify this article as work performed under the auspices of the U.S. Department of Energy. Los Alamos National Laboratory strongly supports academic freedom and a researcher's right to publish; as an institution, however, the Laboratory does not endorse the viewpoint of a publication or guarantee its technical correctness.

Notice for Federal Business Opportunities

General Information:

Document Type: Sources Sought
Solicitation Number: 165561
Title: CP-36 TA-48/55 Construction Site Laydown Area(s)
Response Date: 05-December-2011
Classification Code: 56
NAICS: 236220
Small Business Set Aside: No
Recovery Act Project: No
Contracting Office Address: Acquisition Services Management - CMRR Project
Los Alamos National Laboratory (DOE Contractor)
PO Box 1663 MS D442
Los Alamos, NM 87545.

Point(s) of Contact:

Primary: Name: Bree Gibson
E-Mail: bree@lanl.gov
Secondary: Name: Robert Ping
E-Mail: rwping@lanl.gov

Description:

BACKGROUND:

The Chemistry and Metallurgy Research Replacement (CMRR) Project is issuing Requests for Expressions of Interest and Prequalification Data (REO) for potential construction/service subcontracts for the planned CMRR Nuclear Facility at the Los Alamos National Laboratory. A bidders list will be developed for each type of construction/service subcontract to be procured.

This request does not represent any confirmation by LANS of inclusion on the final bidders list, notification of subcontract award or authorization to commence any work related to this request.

INSTRUCTIONS:

All interested, capable, and responsible sources that wish to respond to this sources sought are required to download the supplementary document(s) included on the posting website.

The supplements include a summary scope of work and several questionnaire(s) that must be completed in their entirety and returned electronically to the identified Point(s) of Contact by the Requested Response Date. The questionnaires are designed to evaluate general subcontractor capabilities (technical and financial), safety experience, and quality experience.

Once the sources sought requirement has closed, the CMRR Project will Pre-Qualify offerors based on accurate and complete submission of the questionnaire(s).



Request for Expression of Interest

165561 – RFP

CP-36 TA-48/55 Construction Site Laydown Area(s)

For The Chemistry & Metallurgy Research Replacement (CMRR) Project

Los Alamos National Laboratory (LANL) is seeking Expressions of Interest and Prequalification Data from qualified firms for the services described below.

GENERAL NOTES:

The Chemistry and Metallurgy Research Replacement (CMRR) Project is issuing Requests for Expressions of Interest and Prequalification Data (REO) for potential construction/service subcontracts for the planned CMRR Nuclear Facility at the Los Alamos National Laboratory. A bidders list will be developed for each type of construction/service subcontract to be procured.

This request does not represent any confirmation by LANS of inclusion on the final bidders list, notification of subcontract award or authorization to commence any work related to this request.

SCOPE OF WORK:

- The SUBCONTRACTOR shall furnish qualified personnel, equipment, tools, supplies, transportation, hoisting, temporary offices, technical supervision, professional expertise and materials to safely perform all Work necessary to provide required utility infrastructure and site preparation for laydown areas in TA-48 and TA-55 in the vicinity of Gamma Ray Rd. North of Pajarito Road in the vicinity of the CMRR Nuclear Facility. Portions of the Work shall be performed within an occupied campus area and will require stringent safety controls and protection of people and existing facilities. The Work shall include, but is not limited to, demolition of existing asphalt paving and site concrete, demolition of storm systems and abandoned utilities, base course aggregate paving, asphalt paving, demolition and salvage for future use of existing rip-rap, clearing, grubbing, excavation, grading, backfill; utility installation, underground water line construction, fire hydrant provision, sanitary sewer construction, underground electrical and communication duct bank construction, overhead and underground power distribution, site lighting installation, storm water management detention pond facility construction, structural concrete foundations for trailers and Quonset hut foundation construction, segmental block wall construction, pedestrian and parking lighting, jersey barrier installation, pedestrian walkway construction, pavement marking, installation of Contractor Furnished Quonset Hut, signage, and fencing.

The Work includes, but is not limited to, all required submittals, shop drawings, lay out, cleanup and coordination as necessary to provide a complete installation and fully operational systems in accordance with the design documents and LANL standards.

Phasing of the work will be required. Subcontractor shall provide sufficient resources to complete the work in accordance with the Schedule. Multiple crews for activities should be considered. Anticipated duration to perform the Work is approximately one year. Coordination with other projects, other subcontractors, and the Contractor's forces will be required.

Additional Work for the CP-36 CMRR Construction Lay Down Area Project includes, but is not limited to:

- Location of existing utilities.

- Survey and layout for the Work.
- Storm Water Pollution Prevention Plan (SWPPP) Permit, Excavation/Fill Soil Disturbance Permit, Traffic Control Plan, Dust Control Plan, and Air Quality Permit.
- Provision of SWPPP BMPS, installation, maintenance, and removal of same.
- Independent Concrete Testing in accordance with the Subcontract Documents.
- Cutting and capping of existing utilities.
- Excavation and backfill with approved materials, including required import material for the Work.
- Provide traffic control in accordance with your LANL approved Traffic Control Plan.
- Piping pressure and video testing.
- Electrical ground and lightning protections system testing.
- Final stabilization and landscaping.
- As-built drawings of exiting utilities encountered and of the Work installed.
- The work includes, but is not limited to, approximately:
 1. Clear, grub, and grade approximately 2 acres.
 2. Provision of 1900 linear feet of 6" water line.
 3. Provision of 550 linear feet of 6" sanitary sewer line.
 4. Provision of 5 fire hydrants.
 5. Provision of 2 PIVs.
 6. Provision of 650 square yards parking area paving.
 7. Provision of 1738 square yards access road paving.

Exclusions to Scope of Work

- LANL will supply all required soils testing.
- Furnishing and installation of trailers.
- Furnishing of Quonset Hut

SAFETY PREREQUISITES:

Subcontractor must demonstrate safety performance equal to or lower than the following standards:

Statistical Standards		
Experience Modification Rate	The "EMR" is a number that is assigned to your company based on the insurance premium you pay and your loss statistics. Contact your insurance company for these numbers.	Maximum Allowable Average: 1.00
Total Recordable Injury/Illness Case Rate (from Company OSHA 300 log)	Rate = $\frac{\text{Total Recordable Injuries/Illnesses} \times 200,000}{\text{Total Employee Hours Worked}}$	Maximum Allowable Average: 3.2
DART Case Rate (Days Away From Work, Restriction, or Job Transfer) (from Company OSHA 300 log)	Rate = $\frac{\text{Total Days Away/Restricted/Transferred Work Day Cases} \times 200,000}{\text{Total Employee Hours Worked}}$	Maximum Allowable Average: 1.4

SUBCONTRACTOR QUESTIONNAIRE

Enter Dun and Bradstreet (DUNS) Number:					
1. GENERAL INFORMATION					
NAME OF COMPANY (Full Legal Name)					
STREET ADDRESS			CITY - STATE - ZIP CODE		
MAILING ADDRESS			CITY - STATE - ZIP CODE		
TELEPHONE	FACSIMILE		E-MAIL		
WEBSITE	TELEX/TWX/CABLE		OTHER		
A. Type of Business (check box or boxes) <input type="checkbox"/> CORPORATION OR COMPANY <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> DIVISION <input type="checkbox"/> PARTNERSHIP					
Name and location of Parent Company			DUNS No.		
If a Division, enter name and location of Corporate Headquarters			DUNS No.		
If more than one DUNS number applies to your operation, attach additional explanatory page(s).					
B. Type of Subcontractor (check box or boxes) <input type="checkbox"/> MANUFACTURER/ FABRICATOR* <input type="checkbox"/> DISTRIBUTOR/ SUPPLY HOUSE* <input type="checkbox"/> MANUFACTURERS REPRESENTATIVE* <input type="checkbox"/> GENERAL CONTRACTOR					
<input type="checkbox"/> CONSTRUCTION* <input type="checkbox"/> ARCHITECTURAL/ ENGINEERING* <input type="checkbox"/> TECHNICAL SERVICE* <input type="checkbox"/> OTHER*					
* Specialization/Description As Follows:					
C. Enter Applicable SIC Codes:					
D. Enter Applicable NAICS Codes (North America):					
E. Date Business Founded:		Under Present Ownership Since:			
F. Number of Permanent Employees:	Manual:		Non-Manual:		
G. Small, Disadvantaged, Women-Owned or Veteran Status (Reference Questionnaire - Appendix "A" For Definitions) Check Applicable Boxes <input type="checkbox"/> SMALL <input type="checkbox"/> WOMEN-OWNED <input type="checkbox"/> DISADVANTAGED: <input type="checkbox"/> HUB ZONE <input type="checkbox"/> VETERAN OWNED <input type="checkbox"/> SERVICE DISABLED VETERAN OWNED					
2. FINANCIAL INFORMATION (This section MUST BE COMPLETED for consideration. Information is kept CONFIDENTIAL.)					
A. Bank Name:		Agent:		Phone No.:	
B. Annual Sales Volume (Last 3 Years):		Year: 20__ \$	Year: 20__ \$	Year: 20__ \$	
C. Present Net Worth					
D. Can you furnish a Payment and Performance Bond? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes", indicate Max Dollar Limit:		<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$5,000,000
		<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> >\$25,000,000		
Surety Name:		Agent:		Phone No.:	
E. If required, can you furnish a Bank Guarantee or Letter of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes", indicate Max Dollar Limit:		<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$5,000,000
		<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> >\$25,000,000		
Surety Name:		Agent:		Phone No.:	

F. Current Financial Ratios (Public companies only) <input type="checkbox"/> Not Applicable																			
Working Capital / Total Assets		Retained Earnings / Total Assets																	
Earnings Before Interest and Taxes / Total Assets		Market Value of Equity / Total Liabilities																	
Sales / Total Assets																			
G. Current Financial Ratios (Private companies only) <input type="checkbox"/> Not Applicable																			
(Current Assets-Current Liabilities) / Total Assets		Retained Earnings / Total Assets																	
Earnings Before Interest and Taxes / Total Assets		Book Value of Equity / Total Liabilities																	
Sales / Total Assets																			
3. PERSONNEL (State "Not Applicable" if the position does not exist)																			
A. President:		D. QA/QC Manager:																	
B. Sales Manager:		E. Field Support Manager:																	
C. Engineering Manager :		F. Safety Manager:																	
4. LABOR RELATIONS																			
(List all crafts with which you have contracts and/or working agreements. <input type="checkbox"/> Not Applicable																			
CRAFT		EXPIRATION DATE																	
1.		3.																	
2.		4.																	
5. QUALITY																			
<p>A. Do you have a Quality Assurance/ program written to comply with the following:</p> <p>Nuclear related activities – 10CFR 830, Subpart A and DOE Order O 414.1C, Contractor requirements document (Attachments 2, 3 and 4) as implemented through a quality assurance program compliant with ASME NQA-1-2008, with 2009 addenda.</p> <p>Other: Specify _____</p> <p>Non Nuclear related activities – 10 CFR 830, Subpart A and DOE Order O 414.1.C, Contractor requirements document (Attachments 2, 3 and 4) as implemented through a quality assurance program compliant with ISO 9001-2000</p> <p>Other: Specify _____</p> <p>Nuclear <input type="checkbox"/> Yes <input type="checkbox"/> No Other Program (Please Specify) _____</p> <p>ISO 9001 <input type="checkbox"/> Yes <input type="checkbox"/> No Other Program (Please Specify) _____</p> <p><i>For your Quality Assurance/Quality Control program(s), attach the Table of Contents from relevant manual(s) or, on additional pages, describe the method and level of compliance standard(s).</i></p>																			
6. BIDDING INTEREST AND QUALIFICATIONS																			
<p>A. Indicate your relevant experience and qualifications as described in the attached "Scope of Work". (Attach additional pages if necessary)</p>																			
<p>B. Indicate appropriate Contract/Purchase Order dollar range within which you prefer, and are currently able, to bid (i.e., \$250,000 to \$1,500,000)</p> <p style="text-align: center;">\$ _____ to \$ _____</p>																			
<p>C. Indicate Industry or Code Certifications (ASME, API, TEMA, Class of Code-Stamp, etc.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CERTIFICATION</td> <td colspan="2">EXPIRATION DATE</td> </tr> <tr> <td>1.</td> <td></td> <td>4.</td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td>5.</td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td>6.</td> <td></td> </tr> </table>				CERTIFICATION		EXPIRATION DATE		1.		4.		2.		5.		3.		6.	
CERTIFICATION		EXPIRATION DATE																	
1.		4.																	
2.		5.																	
3.		6.																	

D. Subcontract Services (List type of work normally subcontracted to others)					
7. PROFESSIONAL LICENSES					
<i>Indicate the work category you are licensed for and the area(s) (Country/State/Province) in which you hold each. Attach additional pages, if necessary.</i>					
TYPE OF LICENSE		LOCATION		TYPE OF LICENSE	
1.			4.		
2.			5.		
3.			6.		
8. CONTRACTORS' SPECIFIC NON-MANUAL, ENGINEERING, ARCHITECTURAL AND CONSTRUCTION TYPE LISTINGS:					
A. List Personnel by Discipline (Number on Staff) – (State "Not Applicable" if the position does not exist)					
_____ Project Managers	_____ Structural Engineers	_____ Construction Inspectors			
_____ Administrators	_____ Sanitary Engineers	_____ Laborers			
_____ Estimators	_____ Transportation Engineers	_____ Carpenters			
_____ Architects	_____ Technical Writers	_____ Operators			
_____ Chemical Engineers	_____ Surveyors	_____ Painters			
_____ Electrical Engineers	_____ Superintendents	_____ Electricians			
_____ Mechanical Engineers	_____ Foremen	_____ Iron Workers			
9. WORK HISTORY <i>(Complete the attached Work History form per Appendix "B" and attach to this Questionnaire)</i>					
Also attach a list of permanent offices and any brochures that further describe your company's activities and capabilities. Please do not include product catalogs, inventory or price lists.					
10. SAFETY & HEALTH EXPERIENCE <i>(Complete the attached S&H form per Appendix "C" and attach to this Questionnaire)</i>					
11. SOCIAL AND ENVIRONMENT SUSTAINABILITY INITIATIVES <i>(Check all that are employed or achieved through company initiatives)</i>					
<input type="checkbox"/> Written environmental policy	<input type="checkbox"/> Leadership in Energy and Environmental Design (LEED) Certification				
<input type="checkbox"/> Environmental performance integrated into corporate mission	<input type="checkbox"/> Policies and practices to minimize fuel usage or use of alternative energy				
<input type="checkbox"/> Social performance integrated into corporate mission	<input type="checkbox"/> Initiatives to mitigate environmental impacts of on-site services				
<input type="checkbox"/> Annual report detailing its mission-related performance (e.g. corporate social and environmental targets)	<input type="checkbox"/> Code of conduct holding sub suppliers accountable for social and environmental performance				
12. COMPLETED BY:					
SIGNATURE	TITLE				
NAME	DATE				

APPENDICES:

APPENDIX "A" – GLOSSARY FOR SMALL, DISADVANTAGED, WOMEN-OWNED AND VETERAN ENTERPRISES

APPENDIX "B" – CONTRACTOR/SUPPLIER WORK HISTORY

APPENDIX "C" – CONTRACTOR SAFETY & HEALTH QUALIFICATION DATA

APPENDIX A

GLOSSARY FOR SMALL, DISADVANTAGED, WOMEN-OWNED, AND VETERAN ENTERPRISES

Following are definitions of small business concerns, veteran-owned small business concerns, service-disabled veteran-owned small business concerns, HUB Zone small business concerns, minority business enterprises, small disadvantaged business concerns, women-owned small business concerns and labor surplus area business concerns (all called “Enterprises”) as defined by the U.S. Federal Acquisition Regulations:

Small-Business Concern	Firms, including affiliates, that are independently owned and operated, not dominant in the field of operation in which they are bidding on Government contracts, and that qualify under the criteria and size standards for small businesses in 13 CFR Part 121 as determined by the SBA.
HUB Zone	A historically underutilized business zone which is located within one or more qualified census tracts, qualified metropolitan counties, or lands within the external boundaries of an Indian reservation. HUBZone's appear on the List of Qualified HUBZone Small Business Concerns maintained by the SBA.
Veteran-owned Small Business Concern	A small business concern – (1) not less than 51 percent of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and (2) the management and daily business operations of which are controlled by one or more veterans.
Service-disabled Veteran-owned small Business Concern	(1) A small business concern – (i) not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and (ii) The management and daily business operations of which are controlled by one or more service-disabled or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran. (2) Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16).
Small Disadvantaged Business Concern (Minority)	An offeror that represents, as part of its offer, that it is a small business under the size standard applicable to the acquisition; and either – It self certifies as a small disadvantaged business concern consistent with 13 CFR part 124, subpart B; and (i) No material change in disadvantaged ownership and control has occurred since its certification; (ii) Where the concern is owned by one or more disadvantaged individuals upon whom the certification is based does not exceed \$750,000 after taking into account the applicable exclusions set forth at 13 CFR 124.104(c)(2); and (iii) It is identified, on the date of its representation, as a self certified small disadvantaged business concern in the database maintained by the SBA (Central Contractor Registration (CCR)).
Women-Owned Small Business Concern	A small business concern – 1) which is at least 51 percent owned by one or more women: or in the case of any publicly owned business, at least 51 percent of the stock which is owned by one or more women; and 2) whose management and daily operations are controlled by one or more women.

APPENDIX B

SUBCONTRACTOR WORK HISTORY

The Contractor submits the following statement as to its experience qualifications:

1. If stated in the cover letter, provide only experience in work similar in type and magnitude to the identified Work Scope.
2. All awarded contracts have been satisfactorily completed, except as follows (Name any and all exceptions and reasons therefore, attaching additional pages if necessary):

3. The following contracts are currently in progress or have been satisfactorily completed within the last three years or the period specified in the cover letter.
4. If you have not worked in the country specified in the cover letter within the period outlined in 3 above, add a separate page listing any work ever performed in that country. **[Item 4 does not apply to U.S. work.]**
5. Column Completion Notes:
 - a. Name and Address. For past work, include an asterisk (*) to identify any work that required nuclear quality assurance.
 - b. Work Description. Describe work scope and then indicate if prime or subcontract.
 - c. Start/Stop. Provide starting date and actual/forecast completion by mo/yr, e.g., Jan 93/Sep94.
 - d. Schedule and Budget. State either "over", "on", or "under" the contract schedule and budget.

Contractor/SUPPLIER WORK HISTORY							
	Customer Name, address, representative and phone no.	Work Description	Location	Value	Start/Stop	Schedule	Budget

List any awarded Contracts/Purchase Orders that were not satisfactorily completed: (List any and all exceptions and reasons therefore, attaching additional pages if necessary):

APPENDIX C

SUBCONTRACTOR SAFETY AND HEALTH QUALIFICATION DATA

NAME OF COMPANY: _____

The above named Company submits the following Safety & Health qualification data:

1. SAFETY PERFORMANCE			
1.1.a Provide a brief description of each fatality your firm has incurred in the three most recent years (add pages if required):			
Year 20[] _____	Year 20[] _____	Year 20[] _____	
_____	_____	_____	
_____	_____	_____	
1.1.b Provide a brief description of each fatality by any sub-tier subcontractor working under your direction has incurred in the three most recent years (add pages if required):			
Year 20[] _____	Year 20[] _____	Year 20[] _____	
_____	_____	_____	
_____	_____	_____	
1.2.a Provide the following information on your firm for the three most recent years:			
	20[] _____	20[] _____	20[] _____
a. Number of lost workday cases.	_____	_____	_____
b. Number of restricted workday cases.	_____	_____	_____
c. Number of cases with medical attention only.	_____	_____	_____
d. Number of fatalities.	_____	_____	_____
e. Number of hours worked.	_____	_____	_____
1.2.b Provide the following information on any sub-tier subcontractor working under your direction for the three most recent years:			
	20[] _____	20[] _____	20[] _____
a. Number of lost workday cases.	_____	_____	_____
b. Number of restricted workday cases.	_____	_____	_____
c. Number of cases with medical attention only.	_____	_____	_____
d. Number of fatalities.	_____	_____	_____
e. Number of hours worked.	_____	_____	_____

2. Are accident reports and report summaries sent to the following and how often?					
	No	Yes	Monthly	Quarterly	Annually
a. Project Superintendent/Site Manager.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vice President/Manager of Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Safety Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. President of Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you hold site safety meetings for field employees both Manual and Non-Manual?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
How Often?					
Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less Often, As needed <input type="checkbox"/>					

4. Do you conduct project safety inspections?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, who conducts this inspection?					

TITLE	HOW OFTEN?

5. How are accident records and accident summaries kept? How often are they reported?					
	No	Yes	Monthly	Annually	
a. Accidents totaled for the entire company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Accidents totaled by project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) Subtotaled by superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Subtotaled by foreman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. How are costs of individual accidents kept? How often are they reported?					
	No	Yes	Monthly	Annually	
a. Costs totaled for the entire company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Costs totaled by project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) Subtotaled by superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Subtotaled by foreman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7. List key Safety and Health personnel planned for this project. Please list name and expected position. When a project has not been specified, list key company personnel.		
NAME	POSITION	PROPOSED / CURRENT PROJECT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Do you have a written safety & health program?

Yes ☐

No ☐

9. Do you have an orientation program for new hires?

Yes ☐

No ☐

If yes, submit a copy for evaluation. Does it include instruction on the following?

	Yes	No		Yes	No
a. Head protection	<input type="checkbox"/>	<input type="checkbox"/>	i. Fire protection	<input type="checkbox"/>	<input type="checkbox"/>
b. Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	j. First aid facilities	<input type="checkbox"/>	<input type="checkbox"/>
c. Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	k. Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>
d. Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	l. Toxic substances	<input type="checkbox"/>	<input type="checkbox"/>
e. Safety belts and lifeline	<input type="checkbox"/>	<input type="checkbox"/>	m. Trenching and excavation	<input type="checkbox"/>	<input type="checkbox"/>
f. Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	n. Signs, barricades, flagging	<input type="checkbox"/>	<input type="checkbox"/>
g. Perimeter guarding	<input type="checkbox"/>	<input type="checkbox"/>	o. Electrical safety	<input type="checkbox"/>	<input type="checkbox"/>
h. Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	p. Rigging and crane safety	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	q. Road Safety (Driving)	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you have a program for newly hired or promoted foremen?

Yes ☐

No ☐

If yes, submit a copy for evaluation. Does it include the following?

	Yes	No		Yes	No
a. Safe work practices	<input type="checkbox"/>	<input type="checkbox"/>	e. First aid procedures	<input type="checkbox"/>	<input type="checkbox"/>
b. Safety supervision	<input type="checkbox"/>	<input type="checkbox"/>	f. Accident investigation	<input type="checkbox"/>	<input type="checkbox"/>
c. Toolbox meetings	<input type="checkbox"/>	<input type="checkbox"/>	g. Fire protection and prevention	<input type="checkbox"/>	<input type="checkbox"/>
d. Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	h. New worker orientation	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you hold craft "toolbox" safety meetings?

Yes ☐

No ☐

How Often?

Weekly ☐

Bi-Weekly ☐

Monthly ☐

Less Often, As needed ☐

12. Do you have a written Hazard Communication program?

Yes ☐

No ☐

If yes, how is it implemented on each project?

13. Do you have/require Material Safety Data Sheets (M.S.D.S.) for material/chemicals/equipment?

Yes ☐

No ☐

If yes, explain field procedure for informing craft workers about potential hazards:

14. List three (3) client references that could verify the quality and management commitment of your safety program.

Name

Address

Phone No.

a.

_____	_____	_____
_____	_____	_____
_____	_____	_____

b.

_____	_____	_____
_____	_____	_____
_____	_____	_____

c.

_____	_____	_____
_____	_____	_____
_____	_____	_____

SUPPLIER QUALITY ASSURANCE QUESTIONNAIRE

Supplier or Sub-Tier Name:

Location/Address of Supplier facility (ies):

Product Description:

Does the manufacturer (distributors should obtain the assistance of the manufacturer to complete this) or contractor have a written Quality Assurance Program (QAP) Management System that is developed, implemented and maintained?

Yes ☐ No ☐ [Hint: Double-click on a box to default to checked, then cut and paste box for the rest of the answers.]

QA/QC MANUAL TITLE _____

REVISION AND ISSUE DATE _____

ATTACH A TABLE OF CONTENTS OR LISTING AND OTHER SUPPORTING INFORMATION TO THE QUESTIONNAIRE

QA/QC program table of contents and other supporting information attached? Yes ☐ No ☐

IDENTIFY CODES AND/OR STANDARDS WITH WHICH YOUR QA/QC PROGRAM COMPLIES

Codes/Standards/Supplements	Yes	No	Comments/Equivalent
1. DOE Order 414.1__ (identify version), Attachment 2	<input type="checkbox"/>	<input type="checkbox"/>	
2. ASME NQA-1 _____ (identify year)	<input type="checkbox"/>	<input type="checkbox"/>	
3. ASME Section _____ (Certificate No. _____)	<input type="checkbox"/>	<input type="checkbox"/>	
4. ISO _____ (Certificate No. _____)	<input type="checkbox"/>	<input type="checkbox"/>	
5. What industry standards do you currently use to develop software/firmware? _____			
6. Other Codes and Standards: _____			

DOE ORDER 414.1

Indicate whether your QA/QC Manual and/or implementing procedures address the following:

DOE ORDER 414.1 Requirement	Yes	No	Procedure/Manual
DOE Order 414.1, Attachment 2, Quality Assurance Criterion (1) - Program Establish an organizational structure, functional responsibilities, levels of authority, and interfaces for those managing, performing, and assessing work. Establish management processes, including planning, scheduling, and providing resources for work. (An NQA-QA program will need to describe the management process for providing resources.)	<input type="checkbox"/>	<input type="checkbox"/>	
DOE Order 414.1, Attachment 2, Quality Assurance Criterion (2) - Personnel Training and Qualification Establish an organizational structure, functional responsibilities, levels of authority, and interfaces for those managing, performing, and assessing work. Establish management processes, including planning, scheduling, and providing resources for work.	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate whether your QA/QC Manual and/or implementing procedures address the following:			
DOE ORDER 414.1 Requirement	Yes	No	Procedure/Manual
DOE Order 414.1, Attachment 2, Quality Assurance Criterion (3) - Quality Improvement Establish and implement processes to detect and prevent quality problems. Identify, control, and correct items, services, and processes that do not meet established requirements. Identify the causes of problems and work to prevent them. Review item characteristics, process implementation, and other quality-related information to identify items, services, and processes needing improvement. (The DOE Order extends the requirements of NQA-1 to all problems including all conditions [not limited to significant] adverse to quality and to all nonconforming items [not limited to generic]).	<input type="checkbox"/>	<input type="checkbox"/>	
DOE Order 414.1, Attachment 2, Quality Assurance Criterion (4) - Documents and Records Prepare, review, approve, issue, use, and revise documents to prescribe processes, specify requirements, or establish design. Specify, prepare, review, approve, and maintain records.	<input type="checkbox"/>	<input type="checkbox"/>	
DOE Order 414.1, Attachment 2, Quality Assurance Criterion (5) - Work Processes Perform work consistent with technical standards, administrative controls, and hazard controls adopted to meet regulatory or contract requirements using approved instructions, procedures, etc. Identify and control items to ensure their proper use. Maintain items to prevent their damage, loss, or deterioration. Calibrate and maintain equipment used for process monitoring or data collection.	<input type="checkbox"/>	<input type="checkbox"/>	
DOE Order 414.1, Attachment 2, Quality Assurance Criterion (6) - Design Design items and processes using sound engineering/scientific principles and appropriate standards. Incorporate applicable requirements and design bases in design work and design changes. Identify and control design interfaces. Verify/validate the adequacy of design products using individuals or groups other than those who performed the work. Verify/validate work before approval and implementation of the design.	<input type="checkbox"/>	<input type="checkbox"/>	
DOE Order 414.1, Attachment 2, Quality Assurance Criterion (7) - Procurement Procure items and services that meet established requirements and perform as specified. Evaluate and select prospective suppliers on the basis of specified criteria. Establish and implement processes to ensure that approved suppliers continue to provide acceptable items and services.	<input type="checkbox"/>	<input type="checkbox"/>	
DOE Order 414.1, Attachment 2, Quality Assurance Criterion (8) - Inspection and Acceptance Testing Inspect and test specified items, services, and processes using established acceptance and performance criteria. Calibrate and maintain equipment used for inspections and tests.	<input type="checkbox"/>	<input type="checkbox"/>	
DOE Order 414.1, Attachment 2, Quality Assurance Criterion (9) - Management Assessment Ensure that managers assess their management processes and identify and correct problems that hinder the organization from achieving its objectives.	<input type="checkbox"/>	<input type="checkbox"/>	
DOE Order 414.1, Attachment 2, Quality Assurance Criterion (10) - Independent Assessment Plan and conduct independent assessments to measure item and service quality and the adequacy of work performance and to promote improvement. Establish sufficient authority and freedom from line management for independent assessment teams. Ensure that persons conducting independent assessments are technically qualified and knowledgeable in the areas to be assessed.	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate whether your QA/QC Manual and/or implementing procedures address the following:

DOE ORDER 414.1 Requirement	Yes	No	Procedure/Manual
DOE Order 414.1, Attachment 2, Suspect/Counterfeit Items Preventing the introduction and use of S/CIs through engineering involvement, design, procurement, testing, inspection, maintenance, evaluation, disposition, reporting, trend analysis, and lessons learned work process controls. Training and informing managers, supervisors, and workers on S/CI processes and controls (including prevention, detection, and disposition of S/CIs). Identifying and disposing of S/CIs on site. Restricting S/CI use to only those items that have been found acceptable through engineering analysis and formal disposition process. Collecting, maintaining, disseminating, and using the most accurate, up-to-date information on S/CIs and associated suppliers using all available sources. (An NQA-1 QA program will need to be expanded to address Suspect/Counterfeit items.)	<input type="checkbox"/>	<input type="checkbox"/>	

General

Do you understand the questions above? Yes ☐ No ☐

If no, please provide your comments or suggestions. Also, provide any additional information relevant to your quality assurance program.

Preparer _____ Signature _____ Title _____
 Date _____